Best Practices Advisory Committee

Minutes from October 17, 2006

Voting members present: Carlos Andarsio, Christy Dye, Aimee Schwartz, Penny Free Burke, Bob Bohanske, Trish Bleth, Tom Kelly, Alexandra O'Hannon, Teresa Bertsch, Judy Russell, Tim Davis, Jill Fabian

Non-voting members present: Judith Pickens, Michael Shafer, Melissa Thomas, Bob Crouse, Dan Wynkoop, Leticia D'Amore, Jytte Methmann, Ali Dela Trinidad, Kim Skrentny

Absent: Valley Owen, Sue Davis, Tim Dunst, Joan Grey, Vicki Staples, Norma Garcia-Torres, Ed Zborower, Stacia Ortega, Laura Nelson

Members of the public: N/A

Welcome and Introductions: Christy Dye

Review of Minutes from 9/5/06

- Review of Meeting Minutes from September 5th, 2006. Minutes were accepted by voting members

Paperwork Reduction and the Core Assessment:

- Christy shared a letter she is sending to Behavioral Health Stakeholders asking for feedback, advice and input from the community to help streamline and improve the current intake/assessment process. The letter outlines the process for providing feedback. The Assessment Workgroup of the BPAC, which is scheduled to meet on 11/15/06, will review input received. Dr. Schwartz advised that discussion or recommendations coming from this workgroup must take into consideration Arnold v. Sarn rules/guidelines.

Gaps in the Arizona Behavioral Health System:

- Christy handed out a report she had created, entitled "Best Practice Gaps Analysis". She emphasized that this document was intended to help stimulate and guide the Advisory Committee's discussion around this topic. Christy went through the document and it did engender a great deal of discussion.
  - Measurement of Best Practices: Methods for measuring use of Best Practices are limited. There is some data available thru MIS for HCPCS coded services and there are some "non-billing" methods that may allow some measurement, however it's hard to verify use of Best Practices from these methods. The question was raised "To what extent do we need to count things". After some discussion Dr. Bohanske reminded the group that paperwork reduction is a goal of the Division, so creating more systems to count things might not be productive. He made the point that if an agency has received CARF or JAHCO accreditation that means that provider met some established standards of care. Ms. Free Burke pointed out that direct observation of clinicians often yields good data, and may

be superior to record reviews. Dr. Bohanske spoke about the fact that there is no evidence to suggest that an initial lengthy assessment benefits treatment outcomes; the reverse may be the case. He made the point that the group might be speaking about two issues, namely system needs and client needs. If the system focuses on measuring client outcomes, then that will focus clinicians to help clients, versus meeting system needs.

- Fidelity: Methods for measuring fidelity to a practice are limited. Christy identified the following:
    - Clinical Supervision if the supervisor is trained/knowledgeable in the practice
    - Target population practices (MST)
    - General practice assessment through record review using statewide, consistent tools (CFT, ICR)
    - Automated methods to capture key variables that can be applied across populations (Client Directed/Outcome Informed)

  The record review tools are based on standards set by DBHS and may not be evidence based. For example, ICR standard regarding assessment is not related to best practices regarding engagement. The big question remains, how beneficial is it to measure process? It is also important to recognize that the value added must be balanced with additional burdens (paperwork, provider downtime).

- Outcomes: There is already significant data infrastructure in place to capture client/population outcomes. Most are pre/post measures such as the NOMS. Some are in-treatment measures like ADHS' Functional Outcomes. The Annual MHSIP Survey is a way of gauging consumer/family feedback regarding quality of services. There are a number of established outcome measures based on national consensus including the following;
    - Housing/Reduced Homelessness
    - Reduced Substance Use
    - Improved Employment
    - Reduced Criminal Justice Activity
    - Social Connectedness
    - Reduced Inpatient Utilization
    - Penetration/Access to Care
    - Cost
    - Family Consumer Involvement

  Regarding how clinicians practice, there is limited outcome measurement and these fall more into the pool of process measurement. There was some additional discussion about Process vs. Outcomes and the point was raised that process is important in that it helps to align outcomes with practice making it possible to associate a particular practice with a positive outcome.
- Foundations of Best Practice: Christy started the discussion with the caveat that we are not assuming that our State has achieved this goal. We should be reminded that strong practice begins with relationships and engagement, regardless of the specific model. In Arizona we have some engagement practices in widespread use, including;

- Access to Care standards
- CFT practice
- Peer/Family Support
- First 8 questions of the Core Assessment
- Credentials for assessment

There are also some engagement practices utilized in pockets around the state;

- Motivational Interviewing
- Motivational Enhancement Therapy
- Contingency Management
- Client Directed/Outcome Informed

Finally, there are some practices that may mitigate good engagement;

- Core Assessment (paperwork, intrusiveness) and record audits
- Intake specialists with hand-off
- Lack of supervision (admin vs. clinical)
- Billing of direct contact time

Dr. Bohanske mentioned that we also need to look at capacity issues. The Current "accept all comers" practice conflicts with the reality that providers do not have an unlimited capacity to accept new clients. There is currently no way of capping the influx of consumers into the system.

- Provider Network: There is limited information related to best practices in the Network Report and many of the factors in this area are larger state issues. We have limited competencies in key areas affecting large segments of the population, across ages. These include;
    - Medical conditions and Management
    - Substance use disorders
    - Suicide risk factors

  Considering the complexity of this topic, it was recommended that the committee revisit the subject at a later date.
- Priority DBHS Areas: These areas are listed in the document. Time did not allow for any discussion.

Preliminary Findings from Substance Abuse Focus Groups:

- Leticia provided handouts that outlined the structure of focus groups that were just completed by her team and Sr. Shafer's group. Leticia shared some of the preliminary findings from the groups with parents and youth. The data will be analyzed and trends established. Leticia will return to the committee with information about trends and information about possible Best Practices to support to begin to respond to the needs identified in the focus groups.
- Dr. Shafer provided initial information from the focus groups with clinicians and administrators. His group will continue to analyze and trend the focus group data and bring it back to the committee.

Review of Templates for reporting back to committee and Strategic Planning Day:

- Dr. Nelson who was unable to attend today's meeting produced these templates. Christy suggested that people review the forms and provide any feedback or input to Dr. Nelson.

Strategic Planning Day

- The group engaged in spirited discussion about how to ensure that the strategic planning day is productive. Key questions under discussion were:
  - Should presentations be paper proposals or actual presentations to the group?
  - Should members of the group review all the proposals prior to the strategic planning day and select certain ones for proponents to present to the committee
  - Is the committee already representative of the community, and should committee members themselves propose practices on the Strategic Planning day.
- The group did not reach consensus about this item. To be determined at the meeting on November 7.

Next Meeting: Tuesday November 7, 2006 from 1pm-3pm in room 215B.
Strategic Planning Day: December 15, 2006 at ASU Downtown